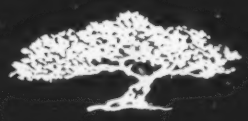
AIDS: THE SECOND DECADE

A Focus on Youth and Women



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United Nations Children's Fund

FOREWORD

With AIDS, we are confronting an epidemic that began with a whisper only a decade ago and now roars like thunder around the globe. Every day, another 5,000 of our brothers and sisters, sons and daughters throughout the world are infected with the HIV virus. Most of the human faces of this epidemic are of children and youth. As many as two thirds of all HIV infections occur among young people before their 25th birthday. For young women in their teens, the rate of infection is twice to three times that of young men of the same age. And for those children born with an HIV infection, or orphaned through the loss of their parents to AIDS, childhood is far too short and far too painful.

With AIDS, our attention is often focused on individual *sexual* attitudes and behaviour rather than on the *societal* attitudes and behaviour that affect women, youth and the poor. But it is these societal attitudes that help shape sexual behaviours and often lead to acceptance of the high-risk sexual practices that foster HIV transmission. HIV *does* discriminate. The danger of infection is highest among the poorest and the least powerful. Among those at greatest risk are women unable to influence the sexual behaviour of their partners and young people whose judgement is clouded by alcohol or illicit drugs or who are coerced or forced into sexual relations or exploited in prostitution. For them, the ability to practise safer sexual behaviour is much more than a matter of knowledge and access to condoms, it is a matter of basic human rights — the knowledge and power to pursue them, and the commitment of institutions, governments and societies to ensure them.

This booklet describes the UNICEF view of the HIV/AIDS pandemic and the underlying societal conditions that have given rise to — and continue to fuel — its global spread. It also describes actions we must all join together in taking to slow and ultimately halt HIV's deadly march. Our actions must address both unsafe sexual practices and unsafe societal practices. The Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women provide us with a framework for action that is broad enough to encompass the extent of social mobilization required for societal change, and at the same time focus our attention on those most at risk in the developing world — women and youth.

James P. Grant
Executive Director
UNICEF

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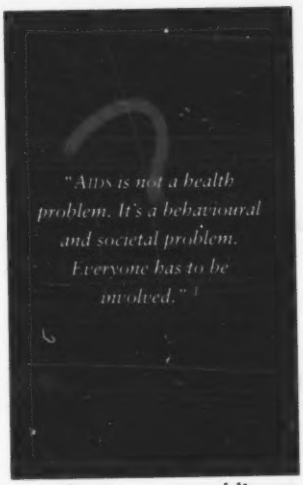
The status of girls and women is fundamental to dealing with the AIDS problem.

COMING TO TERMS

For a decade the world has struggled to come to terms with AIDS. As the disease has spread across borders and within families, it has inspired fear, followed by resignation. According to news stories, we live in the 'Age of AIDS'. According to conventional wisdom, so will our grandchildren's grandchildren.

But this pessimism ignores both the good news of the last 10 years and the potential for future advances. In the short time since the word AIDS entered our vocabulary, researchers have discovered the responsible virus, determined how it is transmitted and how individuals can protect themselves from infection, and created tests to detect its presence — progress that is significant on any scale.



Societal attitudes have also advanced during the short life of the pandemic. A decade ago, people with AIDS faced fear and retribution; now, more and more, they find compassion and sympathy. The initial inclination to deny the disease, common among both individuals and governments, has largely given way to understanding and enlightenment.

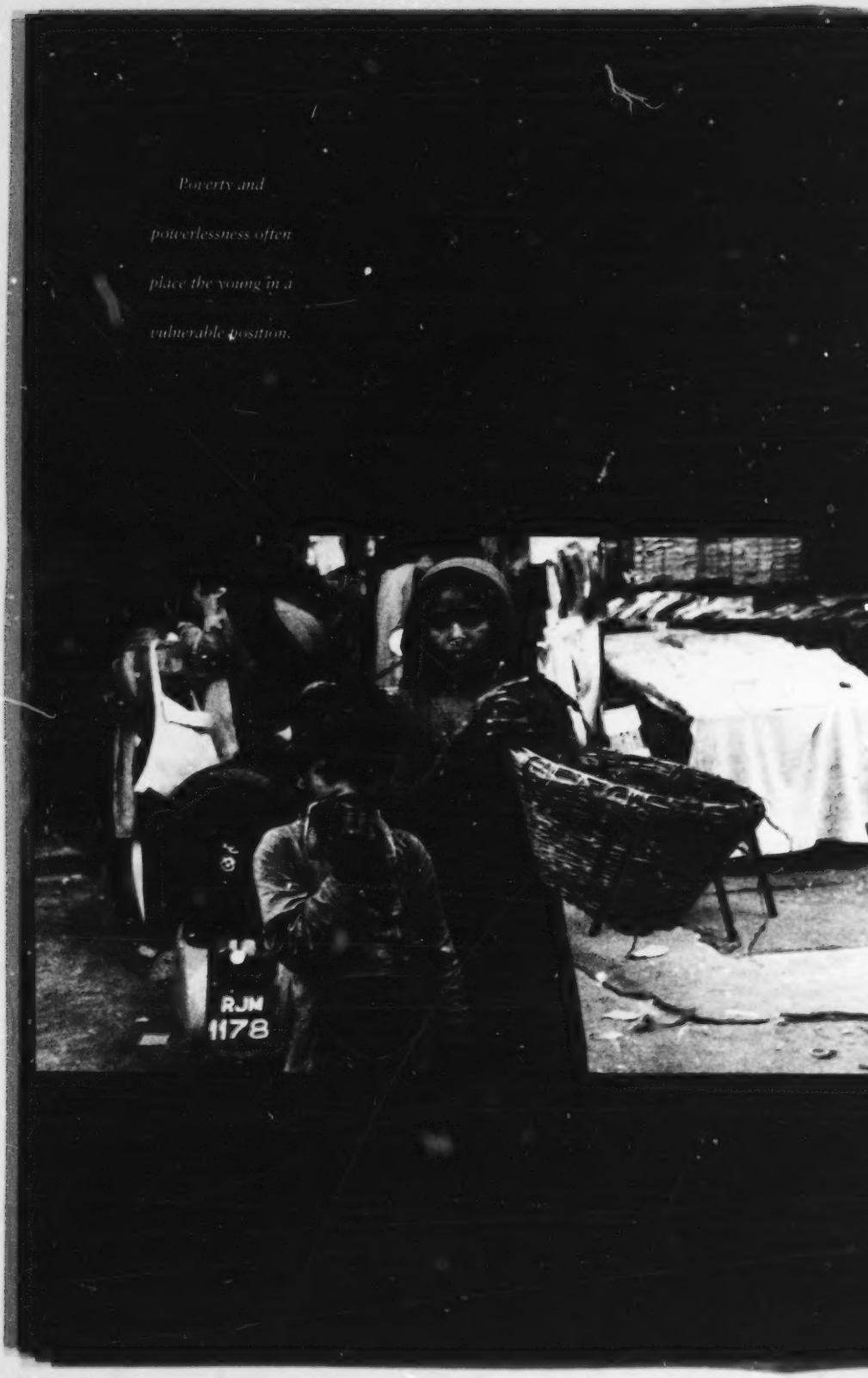
Most important, within countries and among communities there is now greater understanding of the factors that lead to the spread of the disease. Recognition is growing that cultural values and the status of girls and women in society are at the root of the AIDS problem.

UNICEF believes that today, equipped with the findings of the last 10 years, the world no longer needs to resign itself to the Age of AIDS. We need not talk about the disease as a permanent plague. With what is known now, it is possible to substantially curtail the spread of the human immunodeficiency virus (HIV) by the end of the decade.

The light at the end of the AIDS tunnel comes from two simple findings: HIV is most commonly transmitted through sex, and changes in human behaviour can stop the transmission. The world's new challenge is to magnify that light — to turn those findings into societal change to contain the spread of the infection.

HIV infection most often results from heterosexual intercourse. Beyond that biological reality, it is the social inequality between men and women that is most responsible for the spread of the disease. The specific behaviour of many men —

Poverty and powerlessness often place the young in a vulnerable position.



having unprotected sex, and having it with multiple, casual partners — increases the odds of transmitting HIV to women, who then can pass it on to their unborn children. But women, especially young women, generally lack the social power to set the terms of sexual relationships. In some cases, social isolation and a lack of education limit their knowledge of preventive behaviour. Young girls and women living in poverty are often enticed or coerced to trade sex for support or social promotion and may be forced into prostitution to support themselves and their families. This powerlessness, combined with the fact that women are more likely than men to become infected with HIV during sex, leaves them in double jeopardy. Thus, the best way to stop the spread of AIDS is to enhance the ability of women to control their lives, including their sexual relationships.

Article 12
States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.... [2]

Statistically, AIDS need not be viewed as a lifelong risk; rather, it is foremost a disease of the young. Two thirds of those who get it will become infected before they turn 25. The greatest risk of AIDS, then, comes at a time of life when young people are beginning to face their transition to adulthood.

The years from the mid-teens to the mid-20s are a period when young people grapple with the uncertainty of the future. They are often confused and afraid. They worry about adult relationships, parenthood, economic security and peer pressure — issues that seem much more real and alarming to them than a disease they might or might not get at some time in the future. It is also a time when some begin to experiment with risky behaviour.

To prevent AIDS, then, we must look beyond it. We must understand and get involved in these young lives in the years before they face the greatest risk of infection. Experience has proved that it is ineffective to try to influence behaviour that relates to just one of the issues facing young people, particularly when to them the issue appears neither concrete nor current. But when the behavioural change links to other, more immediate, concerns of their lives, it has more meaning and is thus more likely to find acceptance. Reducing the spread of AIDS requires specific HIV-prevention activities, but it also requires actions that take into account all the realities and concerns in the lives of youth. Thus, it must

Vocational training can help young people increase their economic potential and thus escape the low-paying informal sector.

include vocational training and cultural activities and sports — activities that enhance young people's economic potential, self-esteem and social maturity.

The foundation for bringing about such positive changes already exists and has been endorsed by nations around the world. It is the essence of two United Nations human rights conventions: the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. These conventions support the equal dignity, worth and rights of all people. With their tenets as a guide, the world can respond to the spread of AIDS in a way that empowers all people — young and old, female and male — to live better lives.

Any prevention has to start with children and adolescents, who represent an increasing share of the population in the developing world.

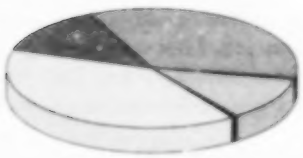
Where We Are After 10 Years

During the past decade, an illness that first made itself known among homosexual men and users of intravenous drugs in developed countries has become a pandemic affecting millions of individuals around the world. The HIV/AIDS pandemic is now truly global; no country is spared and no population is immune. It is profoundly influencing the lives of children and adolescents, who represent an increasing proportion of the population in the developing world.

To date, the World Health Organization (WHO) estimates that HIV has infected 13 million people, about 1 million of whom are children. Approximately 2.5 million of the total number infected have progressed to AIDS. The rate of HIV infection among women of child-bearing age is rising steeply. Approximately one of three children born to these women is HIV-infected and dies of AIDS, usually by age five. The children who are spared the infection nevertheless experience more sickness and higher death rates because of their parents' ill health. Their situation becomes even more perilous when their parents die. Two million uninfected children are already orphans or will be in the near future. Estimates suggest that about 90 per cent of them are in sub-Saharan Africa.

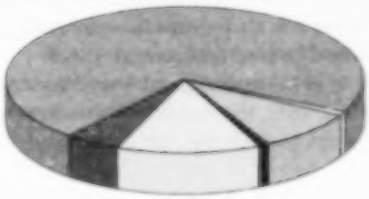
The picture does not improve as we look to the immediate future. The number of AIDS cases that emerge during the 1990s is likely to be 10 times greater than those diagnosed during the 1980s. The number of new HIV infections occurring from 1995 to the year 2000 is likely to exceed the cumulative number of cases since the beginning of the epidemic. WHO estimates that 30-40 million adults and children will have been infected with HIV by the year 2000. More than 1 million AIDS-related deaths will occur annually, most of them in the developing world. Additionally, nearly 10 million children

Cumulative AIDS cases in men, women and children, late 1992



REPORTED: 611,589

Africa	34.5%	*Asia*	0.5%
Europe	13.0%	*Americas**	12.0%
USA	39.5%	*Other*	0.5%



ESTIMATED: 2,500,000

Africa	71.0%	*Asia*	1.0%
Europe	5.0%	*Americas**	9.0%
USA	13.0%	*Other*	< 0.1%

* *Excluding USA*
Source: WHO, January 1993

and adolescents will have been orphaned by AIDS.

With approximately 70 per cent of AIDS cases currently in Africa, the disease will remain a daunting problem on that continent for at least a generation to come. Eastern and southern Africa remain the hardest hit. Countries in the region are experiencing the gravest social and economic consequences of the epidemic, and rates of HIV infection continue to rise. Several countries now report rates of increase in HIV infection and AIDS incidence that only a few years ago seemed impossible. The HIV epidemic has also spread faster than predicted in west and central Africa.

In the countries of East Asia and the Pacific, the rate of HIV infection is comparable to the rate in Africa during the early part of the last decade. In fact, approximately one out of four new HIV infections today is in Asia, and WHO estimates that in the mid- or late 1990s more Asians than Africans will be newly infected each year. The impact of AIDS on women, children and young people is likely to be greater than previously anticipated, given the large proportion of the world's population living in Asia.

HIV incidence is also increasing in Latin America and the Caribbean, although the situation varies a great deal from country to country. Heterosexual transmission has become the major route of infection. Consequently, the number of infected women and children is rising.

The Middle East and North Africa region has so far been less

Estimated distribution of cumulative HIV infections in adults, by continent or region, Late 1992

afflicted by AIDS than other parts of the developing world. However, there too, the numbers of HIV infections and AIDS cases have been increasing.

Prospects for a preventive vaccine or a cure remain speculative. The emergence of HIV-related tuberculosis epidemics has brought further difficulties. Yet the widespread activities of grass-roots groups in the industrialized world and the ongoing programmes of assistance in the developing world have taught several critical lessons:

- The major direct and indirect impact of the AIDS pandemic will increasingly be on women, youth and children, especially young women and girls, in the developing world. Women and girls tend to be at higher risk of acquiring HIV through sex.
- No single intervention or approach is sufficient by itself to contain the epidemic. Preventive strategies limited to public information and condom distribution have failed to reduce sufficiently the spread of HIV within and across continents.
- The need for resources will be far greater during the second decade of the pandemic than the first, so coordination and mobilization at the global, national and community levels are key to future success. WHO estimates that a twentyfold increase in funding will be necessary to diminish the epidemic significantly using current approaches.

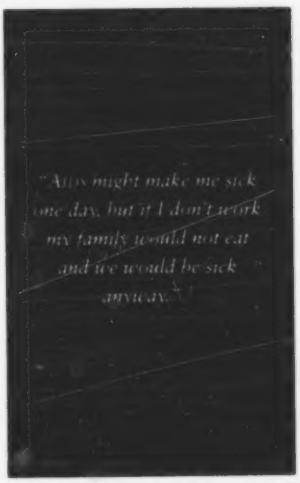
These are the realities that must guide the planning of future AIDS prevention efforts.

Source: WHO, January 1993

Human rights advocacy efforts on behalf of children and women can provide a compelling framework for practical actions against AIDS.

EMPOWERING YOUTH AND WOMEN

AIDS is fundamentally a development challenge, intermingling issues of poverty, inequality, culture and sexuality in complex ways. Containing the spread of the disease entails tackling deeply embedded traditions that encourage discrimination against young people (particularly young females), allow harmful cultural practices and preclude discussions of sexuality. The Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women provide the foundation for ending these harmful traditions.



These conventions are intended to ensure the legal protection of children and the legal equality of women, but their scope is not limited to legal structures. They serve as compelling frameworks for the practical actions necessary to improve the lives of children and women and to reduce drastically the risk of HIV/AIDS. Yet, despite some progress, their promises remain unfulfilled for many children and women. Although the vast majority of United Nations Member States have ratified the conventions, implementation often requires changes in national legislation, along with legal action. It also demands improving education, health care and employment opportunities. It calls for the active involvement of governments, non-governmental organizations, teachers, parents, women and children. Vigorous implementation of the conventions would result in the participatory mobilization for social change that is necessary to contain the AIDS pandemic.

In terms of advocacy for AIDS prevention, it would be tempting to focus only on those articles of the conventions that directly address coercive sex, physical abuse and drug use. But these articles should not be singled out for attention at the expense of those that address the enhancement of children's and women's position in society, such as education, health and employment. Physical safety is inextricably linked to social equality. Without social progress, it will be impossible to stop coercion and sexual abuse.

Encouraging signs are already visible, not the least of which is ratification of the conventions. Another sign is concrete, measurable advances, such as girls' increased time in school and new laws and programmes supporting the equal

rights of women in many countries. Although these advances will help to reduce HIV transmission, they are not enough. With AIDS jeopardizing the coming generation of young women, the world must step up its efforts.

UNICEF advocates a number of specific actions that will help bring about necessary change. They address improving the ability of youth to control their lives, providing sexual and reproductive health services, improving health care practices, and caring for and counselling families afflicted by AIDS.

Article 24
States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health....[4]

PROMOTING THE HEALTHY DEVELOPMENT OF YOUTH

The Convention on the Rights of the Child mandates adequate living standards, education, health care and access to play and leisure. But fulfilling these promises takes time. Meanwhile, youth continue to face hazards that greatly increase their risk of HIV infection and from which they require protection, including sexual exploitation and trafficking, substance abuse, neglect and dangerous working conditions. AIDS prevention activities focused on these immediate threats will not change the fundamental social and economic conditions that deprive these children of their basic protections. However, these activities are necessary and important steps towards challenging societal acceptance of the conditions that face the youth who are at highest risk of HIV infection.

AIDS presents a tremendous challenge to programmes that reach out to youth both in and out of school. Health promotion is not usually high on the education agenda, and sexual and reproductive functions are often completely ignored. When these fundamental components of healthy development are addressed in school, the discussion is generally too brief, academic and biological in presentation.

For young people who have left or never attended school, the accuracy of the available information varies considerably.

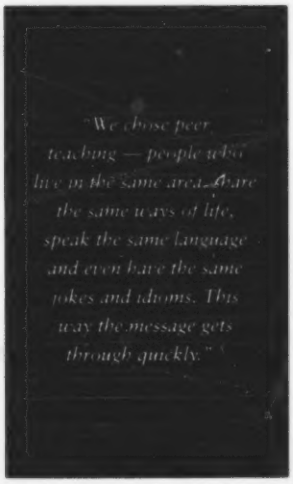
Activities that help youth develop self-esteem and thus make them less likely to engage in risky behaviour also rarely receive adequate attention. Nor do young people typically have access to counselling or health services that help them deal with sexuality and reproduction. In today's world, these are increasingly essential needs.

Aims presents a tremendous challenge to programmes aimed at youth, both in and out of school.

YOUTH OUT OF SCHOOL: MINIMIZING THE RISKS

In many countries, focusing on the youth who are not in school will be the most effective way to reach the majority of young people. These youth — male and female, urban and rural — include those children who do not have access to school because of distance or lack of money for school-related expenses such as textbooks and uniforms. They also include girls and young women kept out of school to perform domestic or agricultural chores and boys and girls who work or live on the street.

Many of these young people face greater risk of HIV infection, sexually transmitted diseases and unwanted pregnancies because they practise unsafe sex with multiple partners as a way to receive money, affection, protection, shelter or sexual satisfaction. In a growing number of countries, the demand for young people as sexual partners is growing rapidly among unscrupulous adults who believe that children and youth are less likely to be infected with HIV. For these reasons, young people who lack the protection of family are especially in need of services that will help protect them from abuse and exploitation.


"We chose peer teaching — people who live in the same area, share the same ways of life, speak the same language and even have the same jokes and idioms. This way the message gets through quickly."

However, it is crucial to remember that AIDS is not the foremost problem on the minds even of those young people most at risk. On the scale of their immediate concerns, a disease that might kill them several years down the road ranks low. Street youth, in particular, know their lives are in jeopardy every day; finding the next meal or a safe place to sleep is much higher on their list. Activities aimed at decreasing the risk of AIDS among them must begin by addressing these priorities and helping them develop the confidence and the decision-making skills that will enhance their lives and their ability to prevent HIV infection.

Young people are more likely to listen to their peers than to adults. To make AIDS prevention activities effective, young people should have the chance to play a predominant role in organizing them. Through their participation they can help each other develop and strengthen the skills that are so vital to their future.

YOUTH IN SCHOOL: EDUCATION FOR BETTER LIVES

Today, young people need to recognize and deal with the pervasive

social, economic, peer and media pressure to engage in behaviours — such as violence, drug use and unprotected sexual intercourse — that risk their health and development. All too often, formal school systems do not provide appropriate information, education, support or services to help young people understand and deal effectively with these risks. Many school systems have also had a tendency to perpetuate social and cultural biases against girls, thereby reinforcing their low status in society.

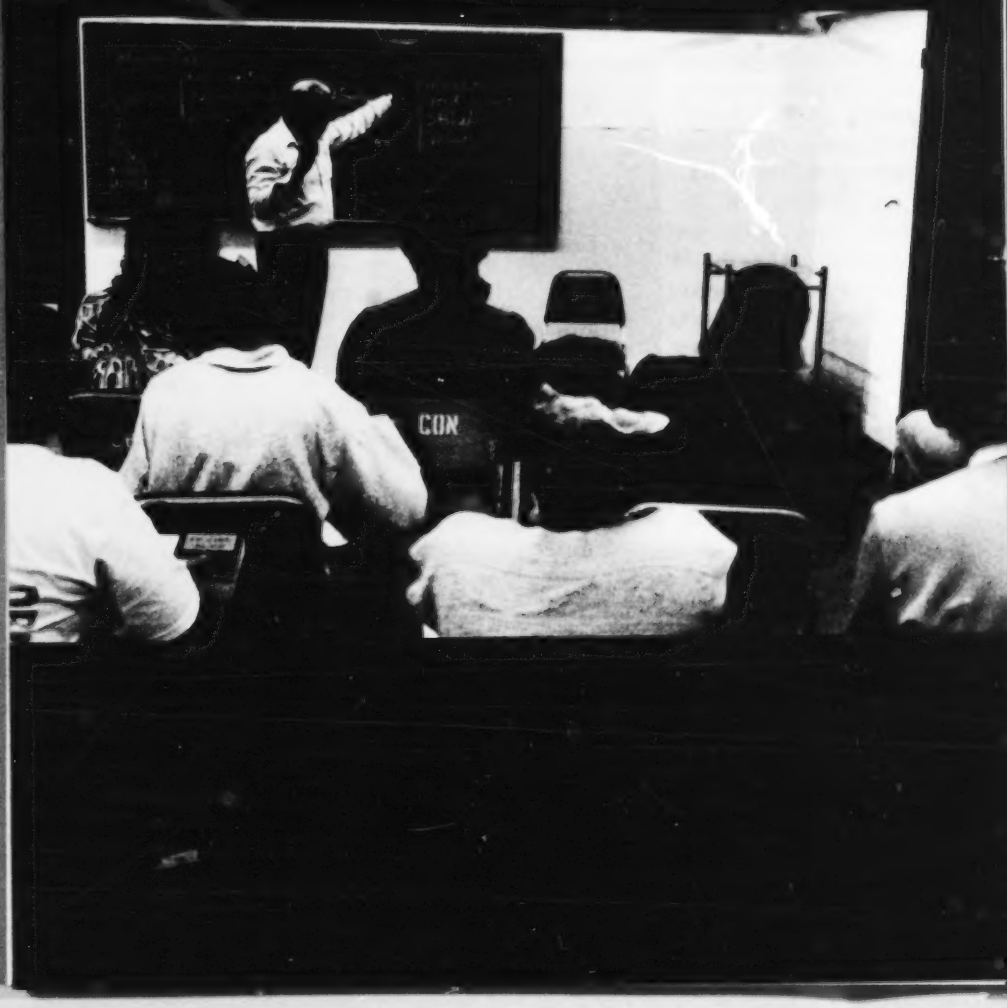
Education for today's youth must go beyond providing academic facts. Schools are increasingly seeking to develop innovative approaches that help youth acquire relevant knowledge and the skills to help them manage their lives. As part of this process, young people need to share information and discuss issues openly with each other and with their parents and other family members. With improved teacher education, better peer support, youth-friendly health services, counselling and community awareness, young people will be better equipped to avoid unhealthy habits. Reorienting curricula in this direction will also help to fulfil the mandate of the Convention on the Rights of the Child to provide lessons that prepare children for life in a tolerant and egalitarian society.

"A teacher needs to help young people to understand what the risks of sex are, how to make choices about their lives and how to cope with pressure from their friends, family and the society."

The international community and an increasing number of developing countries have begun advocating and developing school programmes to address these needs of youth. Their methods draw upon a wide variety of experiences that include reducing gender disparity and preventing substance abuse, teen pregnancy and sexually transmitted diseases.

Groups involved in these efforts now agree that what youth most need is help in developing a core set of skills, known as life skills, that prepare them for the personal and societal responsibilities of adulthood. Although each community may define these differently, they generally include decision-making, critical thinking, assertiveness, coping, interpersonal communication, self-assessment, relationship-building and problem-solving. Making thoughtful, well-informed decisions is essential not only for reducing the risk of HIV transmission but also for dealing with the pressures of everyday life. Life skills provide the educational

Progress in containing AIDS will depend on reinforcing societal attitudes that encourage relationships based on mutual respect.



foundation that will enable young people to better control their own lives in the face of increasing risk of harm.

Promoting sexual and reproductive health

The link between AIDS and sex could not be clearer: Sex is the predominant mode of HIV transmission. In addition, the presence of sexually transmitted diseases such as syphilis or gonorrhoea increases the odds of transmitting HIV. To be effective, AIDS-prevention actions must provide information about reproductive functions and how to prevent HIV transmission when engaging in sexual relations.

> *"Why does a woman sex worker die of AIDS? It has to do with her place in society. It has to do with her poverty, which leads her to come to the city, which leads her to prostitution. Let's go deep, and see where the real cause for the spread of AIDS is."*

Yet these actions will not be sufficient. If women and young girls are pressured into harmful sexual practices, containing the spread of AIDS will be extremely difficult. What is necessary is both knowledge of reproductive functions and the skill and empowerment to make informed sexual decisions free of coercion. Progress in containing AIDS will depend on reinforcing societal attitudes that encourage relationships based on mutual respect.

It is typically during adolescence, when individuals are coming to terms with their sexuality, that positive sexual attitudes are most easily reinforced and negative attitudes have the greatest potential of undergoing change. Providing information and promoting communication and reflection about sexual relationships are therefore fundamental elements of AIDS prevention. Young people need the opportunity to learn about and discuss these issues in a supportive atmosphere. Youth organizations and peer groups can provide a comfortable forum, especially in cultures where the open discussion of sex is considered taboo. Discussions should address attitudes about the roles of men and women, including the implications of existing stereotypes. Youth also need practical information on the transmission, symptoms, treatment and prevention of sexually transmitted diseases.

Women's organizations can also play an important role in encouraging communication among groups of girls or women on subjects related to reproductive health, sexuality and gender stereotypes. In addition, these groups can help women gain access to health services.

These activities need to be coupled with appropriate health services. Trained health workers must play a

crucial role in the treatment of sexually transmitted diseases, and they should also be primary channels of information on reproductive health and on prevention and treatment of these diseases.

Countries throughout the developing world are struggling with the challenge of increasing access to quality basic health services, particularly for women and children. AIDS vastly increases the stakes of making reproductive health services available and accessible. As they proceed in their efforts to strengthen basic health services, countries must ensure that reproductive health services are among those provided in health centres, and in a form that is accessible and welcoming.

Article 27
States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.... [8]

MAKING HEALTH CARE SAFE

Blood transfusions remain an important means of HIV transmission in countries where screening is not routine and universal. Injections and blood tests can also be a source of HIV infection if they are given under non-sterile conditions.

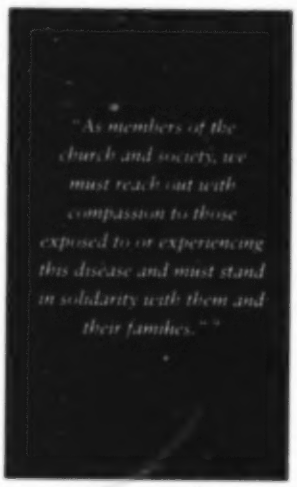
In some countries, inappropriate medical practices continue to account for a significant proportion of AIDS cases. Disturbing findings from several countries suggest that health workers, especially midwives and traditional birth attendants, may face substantial risk of HIV infection where protective measures are not taken.

Safeguards in health facilities are therefore crucial to prevent the spread of AIDS both to patients and to staff. Ensuring that all equipment is sterilized is one way of preventing infection. Awareness of the risks can mobilize health-centre workers and patients to cooperate in improving the safety of supplies. Today, many health centres cannot guarantee the availability even of soap and running water. The threat of AIDS should serve as an urgent impetus to governments to make basic sterilization equipment available in all health facilities. This effort can build on the achievements already made through immunization programmes throughout the world.

Another way of preventing infection through contamination is by minimizing medical procedures that expose people to blood. In many countries, too many medications are given by injection, even when their equivalent is available more cheaply in tablet form. The preference for

Trained health workers can be a primary channel of information on preventing and treating sexually transmitted diseases.

injections largely results from the mistaken perception that they are more effective than medications taken by mouth. Both health care workers and their patients need to recognize the risks entailed in giving and receiving injections and to be convinced that oral medication is preferable. Changing existing attitudes will require providing information and stimulating debate, a debate that will have to bring into question established beliefs that are reinforced by commercial advertisements and propaganda.



"As members of the church and society, we must reach out with compassion to those exposed to or experiencing this disease and must stand in solidarity with them and their families."

Caring for families

Caring for individuals and families affected by AIDS will continue to pose major challenges for communities. Not only does AIDS place enormous burdens on families, it also further stretches existing health care resources that in many countries were inadequate even before AIDS appeared. But counselling people with HIV and caring for AIDS patients cannot be left to the health sector alone. All of society must share these responsibilities, for the implications of the AIDS pandemic are as much social as they are medical.

A diagnosis of HIV or AIDS elicits fear and daunting questions: How will my family, friends and neighbours react to my illness? Who else could I have infected? What will happen to my family and children when illness really starts to take its toll — and when I die?

Services for families and communities can help people begin to find answers to these questions. Counselling, which is sorely lacking in many communities, helps people deal with their fears and tackle the practical problems AIDS presents. It can, for example, help widows claim their rights to property, and help parents resolve adoption issues. Other support services, based in the community, can provide such necessities as bringing meals and comfort to those who are sick and nurturing the children orphaned by AIDS. These compassionate actions have another benefit: They help to demystify the disease and break down prejudice and suspicion. These activities are every bit as important as those that address the physical symptoms of AIDS.

Wherever AIDS has struck, children have been deeply affected. Even if they are not HIV-positive, they suffer if a parent or other family member contracts the disease. Frequently, they

have to leave school to care for the sick family member or to find work. The result is that their education is cut short and their development potential diminished. The situation of those who become orphans is even more perilous.

The developing world has a long tradition of extended families that care for their relatives. This tradition can help soften the impact of the pandemic, providing a network of support for those who care for the sick and eventually are left behind to cope on their own. Yet even where extended families are strong, the fear and misinformation that surround AIDS can lead people to deny help to family members, isolating them from the people they most need. And where the pandemic is worst, numerous deaths within a family can weaken this support network.

Local organizations — community and religious groups, cooperatives, governmental and nongovernmental organizations — can help care for and counsel individuals and families afflicted by HIV and AIDS. They should help those who are ill to remain full members of the community, where they can stay close to their families and friends and retain access to support services. As the pandemic spreads, the strains on communities will increase. Efforts now to increase the understanding of AIDS and compassion for those afflicted by it will benefit everyone later.

Social mobilization

enlists the talents and

resources of all levels

of society to focus on a

common agenda

Mobilizing Society Against Aids

It is within society's power to improve the odds of AIDS prevention for the next generation of youth through social mobilization — the process of bringing together all levels of society and all feasible allies to focus on a common agenda.

Social mobilization makes use of every conceivable communication channel and attempts to enlist the talents and resources of massive numbers of individuals and groups. In mobilizing for HIV/AIDS prevention, the objective is to create widespread awareness about the nature of the virus and stimulate development of the knowledge, values and attitudes that underpin positive behavioural change. Through advocacy, programme communication, marketing, media, training, education and grass-roots actions, social mobilization enhances the potential of communities to generate change. It is the means for creating not just acceptance but enthusiasm for change.

Article 10
States Parties shall take all appropriate measures...to ensure to (women) equal rights with men in the field of education and in particular...the same conditions for career and vocational guidance.... [10]

Social mobilization is not a new concept; it has been put to use to support many life-enhancing activities in both the industrialized and the developing worlds. It brought about the unprecedented success of the universal child immunization campaign of the late 1980s and the dramatic reduction in cigarette smoking in the United States during the past 30 years.

In the context of AIDS, the first goal of social mobilization is a change in societal attitude about the status of youth and women. Without a broader understanding of how gender inequality fuels the pandemic, efforts to reduce the rate of infection will fail. It must be clearly understood why women and youth are vulnerable to exploitation, and why that vulnerability increases the need for activities that improve their economic and social power.

These are profound changes. They will not take place without the support of the whole of society and they will not take place overnight. The first and often most difficult step is recognizing that it is not necessary to accept the status quo; people need not resign themselves to "the way things are." As social mobilization begins to increase the awareness of positive possibilities, enthusiasm grows, and with it the demand for change. The Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women

constitute a platform for broader action by an expanded partnership of governmental, non-governmental, community and religious institutions on both the causes and the effects of the HIV/AIDS pandemic.

Maximizing the contribution of a country's institutions and sectors calls for massive mobilization and advocacy efforts by groups and institutions at global, national and community levels. The most important of these groups, of course, are those that represent youth and women. These organizations can provide both the most compelling advocacy for behavioural change and the safe environment in which to support it. In these groups, youth and women can participate in making decisions that affect them and influence collective action aimed at helping them. Through these activities, they discover that their insights are valued — a profound source of self-esteem. Through the larger advocacy efforts of these groups, youth and women come into contact with others who are addressing the socio-economic and political conditions that underlie their vulnerability.

"You have to be straightforward when giving AIDS information. Youth want more logical and scientific fact and accurate information. That often means you have to fight your own fears on talking about sexuality."

But these organizations need strong allies in society. These allies include:

❧THE MEDIA. Throughout the world, news coverage of AIDS has almost made the word a synonym for crisis and fear. These labels often prevent thoughtful assessment of the elements that make the pandemic a crisis. As a first step to social mobilization, the media can be informed and sensitized to the central importance of youth, women and societal attitudes in the epidemic. Responsible portrayal of the issue by the media will both awaken the world to the greater danger faced by women and youth and help diminish the powerlessness they feel.

❧RELIGIOUS LEADERS. Religious and other community leaders can be powerful sources of advocacy for change in attitudes about gender inequality. They can serve as excellent models of caring and supporting, of tolerance and compassion towards AIDS-affected individuals, families, children and communities.

❧POLICY MAKERS. Policy and decision makers can be sensitized to gender disparity and its relationship to HIV transmission. Political will is crucial to changing existing policies and altering the allocation of government resources to better meet the needs of youth and women.

❧HUMAN RIGHTS ORGANIZATIONS. These groups play an important role in promoting the concept of health as a human right and for enhancing societal understanding of AIDS in the context of discrimination and poverty. These activities help to remove the issue of AIDS from health ministries and technological/medical debates and bring it into the broader discussion of societal interaction.

❧THE PRIVATE SECTOR. Commerce and industry can be important partners in promoting changes in attitude and behaviour both within the workforce and in the larger community. In a number of countries wrestling with high rates of HIV infection, private companies have begun AIDS-prevention initiatives with their employees. This positive role needs to be strengthened and extended into the community.

Article 19
States Parties shall take all appropriate...measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.... [12]

❧PARENT-TEACHER GROUPS. As the primary role models for the younger generation, parents and teachers provide the lessons, spoken and unspoken, about socially acceptable and unacceptable behaviour. Educators and parent-teacher organizations can be mobilized to promote education in life skills as a way to create a supportive environment for youth and to empower them to make responsible behaviour choices. In addition, a key social mobilization activity is opening the paths of communication between parents, teachers and students on the issue of gender disparity. For this to happen, parents need help in developing the skills to listen to and communicate with their children.

Bringing about this level of social mobilization takes several steps. These influential groups will first need information, both to educate themselves and to communicate to others, particularly specific information about the local situation. Widely disseminated information can spark the dialogue that will in turn stimulate action. This process requires the committed support and advocacy of enlightened national, regional and local leaders.

Literacy and vocational training help women achieve economic security, thus enabling them to take charge of their lives.

HOPE FOR THE FUTURE

Today, 10 years after we became aware that AIDS threatened our future, we have the tools to slow its spread before it claims another generation. They are the tools not of science but of society, and their use will not only hinder the spread of the HIV but also enhance the lives of children and women.

Implementing these tools — the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women — will make demands of every sector of society. It will require all people, from national leaders to village residents, to change long-established attitudes and traditions that perpetuate the inferior social status and economic power of females. Those wrongs are unlikely to be righted overnight. But change, once begun, tends to be contagious, and every small success will help prevent the infection of another person.

> *Article 3*
> *States Parties shall take in all fields, in particular in the political, social, economic and cultural fields, all appropriate measures, including legislation, to ensure the full development and advancement of women....* [11]

Already, many successes have been achieved, and many lessons learned. As we enter the second decade of fighting AIDS, we can benefit from them.

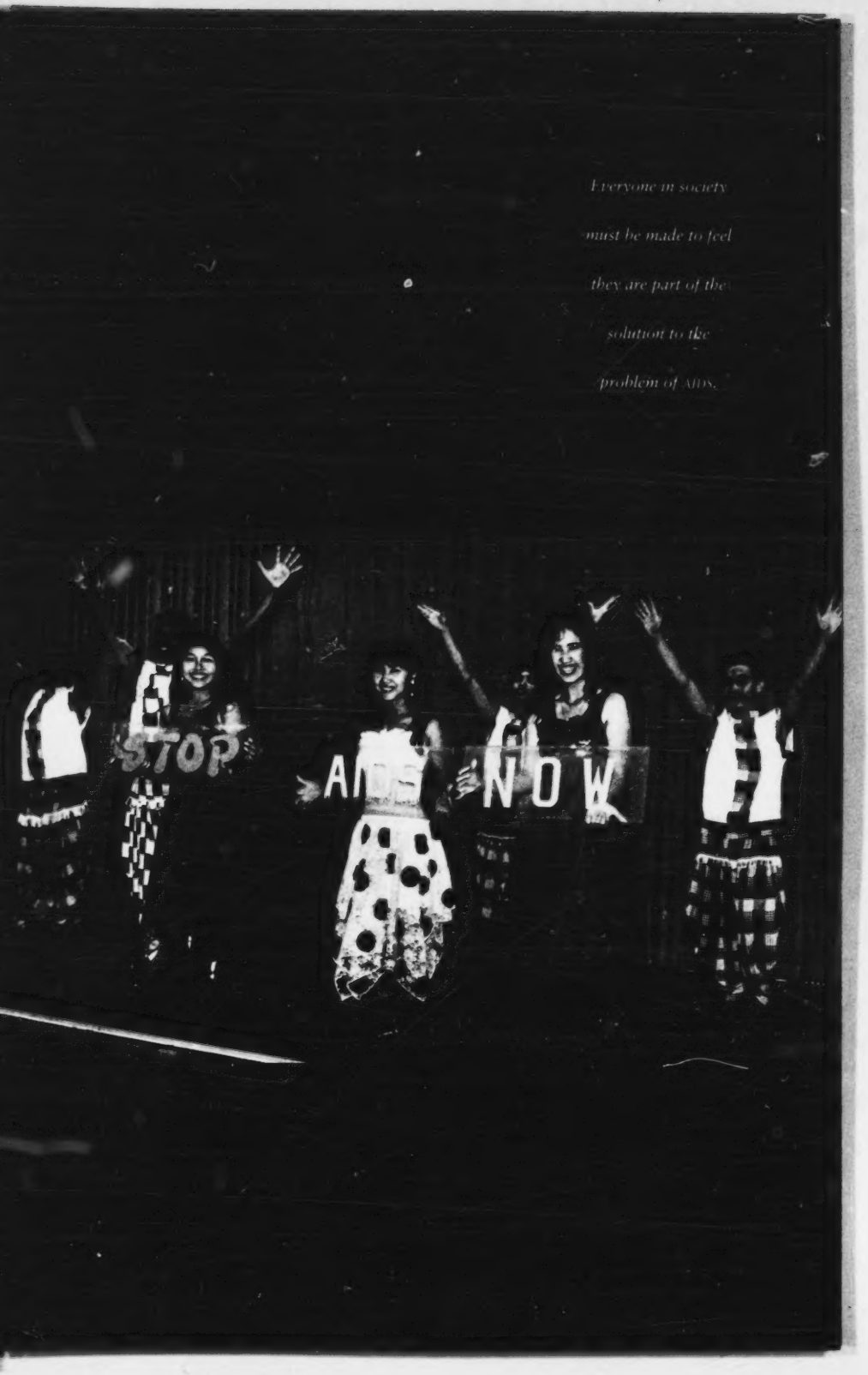
We know now, for instance, that AIDS is primarily a risk of youth, and that our efforts must be directed towards helping adolescents gain greater control over their lives. We know that behavioural change requires frank discussions of reproductive health and sexuality. We know that health-centre practices can jeopardize both patients and staff. We know that the children and other family members of people with AIDS need help in handling their grief and planning their futures. And we know that massive communication and social mobilization efforts at every level of society — not tinkering with isolated parts of the problem — can reduce risky behaviour and thus the rate of infection.

Our approach to fighting AIDS, then, must address these realities in very practical terms. Schools and youth organizations must help young people to acquire the life skills they need to make prudent decisions about their behaviour. Adolescents and women must have access to the vocational training that will give them economic security and the ability to control their lives. They must also have access to a safe, welcoming place where they can discuss reproductive and sexual issues and obtain condoms. Health workers and patients must get the information

that will help them reduce their exposure to blood. Communities must rally to fight superstition and prejudice and instead support those whose lives are afflicted by the disease. And everyone in society must be made to feel that they are part of the solution to the problem of AIDS.

Of all these activities, empowering youth and women is the most important. No programme, no amount of money, no support will make a difference if it does not provide youth and women with the means to control their lives. They must know that society will back their right to self-determination. Their strength is the societal tool that will contain the spread of AIDS.

Everyone in society must be made to feel they are part of the solution to the problem of AIDS.



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